



COLUMBIA COUNTY SHERIFF'S OFFICE

An Internationally Accredited Law Enforcement Agency

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Evaluations of applications are based on individual merit. Information **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. One application must be completed for each position for which you apply. **THIS APPLICATION MUST BE SIGNED AND DATED. INCOMPLETE APPLICATIONS MAY BE REJECTED. RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETED APPLICATIONS.**

PERSONAL INFORMATION

Name _____
first middle last

Address _____
street apt. # city state zip

Telephone Numbers _____
home work other

Social Security Number _____

Driver's License Number _____ State _____

Date of Birth ____/____/____

Sex: M () F ()

Height: ____ ft. ____ in.

Weight: _____

Eyes: _____

Hair: _____

Are you over 18 years old? () Yes () No

Are you a citizen of the U.S.? () Yes () No

Have you ever been bonded? () Yes () No

If yes, on what jobs _____

Were you previously employed by the Columbia County Sheriff's Office? () Yes () No

If yes, when _____

An Equal Opportunity Employer

EDUCATION

HIGH SCHOOL

Name and Location: _____

Circle highest grade completed: 7 8 9 10 11 12

Graduated? () Yes () No

If not a high school graduate, do you have a GED? () Yes () No

COLLEGES / UNIVERSITIES

NAME OF SCHOOL	ADDRESS	MAJOR	DEGREE EARNED

Describe special vocational or business courses you have taken which relate to the job for which you are applying. _____

Special skills, qualifications and certifications (including language skills, typing skills and business equipment or machine operating skills) which relate to the job for which you are applying. _____

If you are applying for a clerical position, please complete the following approximate number of works per minute in:

Typing _____

Shorthand _____

MILITARY RECORD

Selective Service Classification _____

Branch _____

Rank Attained _____

Date of Entry _____

Date of Discharge _____

Type of Discharge _____

Have you received any traffic citations in the past 3 years? () Yes () No

Please indicate type of offenses and dates _____

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor?

() Yes () No

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony?

() Yes () No

If yes, describe the circumstances: _____

EMPLOYMENT HISTORY

Describe the last nine jobs held beginning with your current or most recent job using the additional inserts supplied. Failure to give complete information may result in your disqualification.

Name of Company		Telephone:		Dates Employed	
		Fax:			
Street	City	State	Zip Code	May we contact employer? () Yes () No	
Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
Specific Reason for Leaving					

Name of Company		Telephone:		Dates Employed	
		Fax:			
Street	City	State	Zip Code	May we contact employer? () Yes () No	
Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
Specific Reason for Leaving					

Name of Company		Telephone:		Dates Employed	
		Fax:			
Street	City	State	Zip Code	May we contact employer? () Yes () No	
Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
Specific Reason for Leaving					

*****A resume may be attached only as additional information and will not be accepted in lieu of completing this section.**

EMPLOYMENT HISTORY

Describe the last ten jobs held beginning with your current or most recent job using the additional inserts supplied. Failure to give complete information may result in your disqualification.

Name of Company		Telephone:		Dates Employed	
		Fax:			
Street	City	State	Zip Code	May we contact employer? () Yes () No	
Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
Specific Reason for Leaving					

Name of Company		Telephone:		Dates Employed	
		Fax:			
Street	City	State	Zip Code	May we contact employer? () Yes () No	
Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
Specific Reason for Leaving					

Name of Company		Telephone:		Dates Employed	
		Fax:			
Street	City	State	Zip Code	May we contact employer? () Yes () No	
Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
Specific Reason for Leaving					

***A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

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Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
Specific Reason for Leaving					

Name of Company		Telephone:		Dates Employed	
		Fax:			
Street	City	State	Zip Code	May we contact employer? () Yes () No	
Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
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		Fax:			
Street	City	State	Zip Code	May we contact employer? () Yes () No	
Official Job Title		Name of Supervisor		Pay Start	End
Describe Specific Job Duties					
Specific Reason for Leaving					

*****A resume may be attached only as additional information and will not be accepted in lieu of completing this section.**

List three personal references. Do not list relatives or former employers.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Years Known</i>
		Home: Work: Mobile: Fax:	
		Home: Work: Mobile: Fax:	
		Home: Work: Mobile: Fax:	

List relatives employed with the County.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Years Known</i>

AUTHORIZATION AND RELEASE

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form and attached resume or credentials may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that any employment pursuant to this application shall be subject to the condition that I pass the pre-employment drug screening urinalysis test and physical examination and that information regarding use of drugs may be disclosed to the appropriate county representative as a part of the employment process. All medical information will be classified as confidential.

Furthermore, I hereby authorize the Columbia County Sheriff's Office, its agents and/or representatives, to contact any person or entity named on my application and any attached resume or credentials, for employment for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications for employment. I also authorize the Columbia County Sheriff's Office to perform a criminal background investigation and driving history. I hereby release the Columbia County Sheriff's Office, its agents or representatives, and any person or entity providing information pursuant to this Authorization and Release of Information, from all liability based upon the provision of that information.

Signature: _____

Date: _____

APPLICANT DATA SHEET

Dear Applicant:

We are an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, sex, age, disability, or veteran status.

To help us comply with federal equal opportunity record keeping requirements, please answer the questions on this survey. In addition, the information will assist us in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant population.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

NAME

DATE OF APPLICATION

TITLE OF POSITION FOR WHICH YOU ARE APPLYING

Confidential Information

Please indicate appropriate sex and ethnic background category

☐ Male

☐ Caucasian

☐ Hispanic

☐ Female

☐ African American

☐ Asian / Pacific Islander

☐ Native American / American Indian

☐ Other: _____

Notice to Applicants

All applicants are entitled under the law to equal employment opportunity. If you believe you have been discriminated against in employment on the basis of race, color, religion, national origin, sex, age, disability or veteran status, you are entitled to notify the Equal Opportunity Commission, 2401 E Street N.W., Washington, D.C., 20506, or other appropriate agencies.

Attention Applicants

Applicants requesting employment with the Columbia County Sheriff's Office must provide copies of the below listed documents when submitting an application:

Driver's License
Social Security Card
Birth Certificate
High School / College Diploma

All applicants must complete the "Employment History" section of the application beginning with your current or most recent job, listing the last nine employers. Please insure phone numbers provided for personal references and present / past employers are up to date. Do not provide pager numbers.

Failure to comply with above requests will result in rejection of application.

DOMESTIC VIOLENCE CONVICTION ATTESTATION

I, _____, do hereby swear and affirm that I have never been convicted of any crime, misdemeanor or felony involving an act of family violence or domestic violence in the state of Georgia or any other state of the United States. I understand that it is now Federal law that anyone convicted of a crime involving domestic/family violence must surrender all of his/her firearms and may not be in possession of any firearm. I further understand that if I knowingly and willfully lie on this form, I may be charged with criminal charges and administrative charges.

Print Name

Date

Signature

Date

CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

(LAW ENFORCEMENT OFFICERS- PURPOSE CODE "J")

The passage of revisions to the federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for exemptions.

I hereby give my consent for a criminal history record check to be conducted. I understand that this consent is voluntary, however, I acknowledge that refusal to give this consent may have an adverse effect on my continued employment as a law enforcement officer.

PRINT NAME

SIGNATURE

DATE OF BIRTH

SOCIAL SECURITY NUMBER